

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

**FILING DATE**

**APPLICANT(S)**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
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TOTAL IND.	1			
TOTAL DEP.	23	←	←	←
TOTAL CLAIMS	24	██████████	██████████	██████████

	IND	DEP	IND	DEP	IND	DEP
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